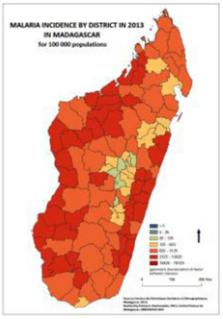

Conclusion: The quality of epidemiological data is discussed regarding the provision and access to health services. Case reports show weaknesses for some remote areas and at the end of each year. The persistence of malaria on the coast could induce the emergence of malaria in Central Highlands following reintroduction by travelers.

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Room: G.05-06

Assessment of effect of intermittent preventive treatment of malaria in pregnancy on birth weight of babies in Nigeria: Life-saving dynamics

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Background: Malaria infection during pregnancy, although preventable and treatable, still has adverse effects on both the mother and fetus in Nigeria. These adverse effects; intrauterine growth retardation, low birth weight and maternal anemia are significant risk factors for neonatal and infant mortality. The 2014 national guidelines and strategies for control of malaria during pregnancy recommend administration of at least 3 doses of Sulphadoxine-Pyrimethamine (SP) as Intermittent Preventive Treatment in pregnancy (IPTp) to pregnant women attending Antenatal Care Clinic (ANC). However, implementation of the guidelines is still sub-optimal. The objective of the study was to assess the effect of scaled implementation of prevention of malaria in pregnancy (MiP) with IPTp on birth weight of babies born in states supported by the US President's Malaria Initiative.

Methods & Materials: The study used secondary data collected from July 2013 to June 2015 in 7 states where routine ANC data from all the health facilities are reported through the National District Health Information System to analyze trend and differences in reported birth weight following implementation of IPTp with SP. The interventions provided by the project include capacity building on control of malaria in pregnancy; strengthening of logistics management systems for SP, monitoring and supportive supervision. trend in the available data showed that the birth weight of babies improved as the IPTp uptake increased. Mean percentage of ANC revisits who received IPTp2 increased from 29% to 38%; the mean percentage of babies with low birth weight decreased from 14% to 10%; while the mean percentage of babies with birth weight higher than 2,500g increased from 86% to 90% between the previous year and the intervention period.

Conclusion: Though many confounders might contribute to the improved birth weight of babies reported within the period, however the contribution of the scaled implementation of IPTp is significant as previously documented in other malaria endemic countries. Concerted efforts are needed to scale up this intervention nationwide and strengthen health system in order to improve the birth weight of babies and consequently reducing neonatal and infant mortality.

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Rickettsial disease IFA-IgG titres in auto-immune diseases: What do they imply?

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Background: Rickettsial infections are known to present mimicking autoimmune disorders. The gold standard diagnostic test for rickettsial diseases is based on the detection of IgM and or IgG antibodies against these infections by immuno-fluorescent technique (IFA). While confirmation of rickettsial diseases warrant demonstration of rising or declining antibody titres between acute and convalescent samples, high titres of either IFA-IgM or IFA-IgG in acute phase serum in patients with a compatible clinical illness may help in the presumptive diagnosis and introduction of anti-rickettsial antibiotics. During the IFA test, patient sera containing anti rickettsial antibodies are made to react with rickettsial antigens that are grown in cell culture media. However, presence of nuclear material in these cell cultures may react with anti-nuclear antibodies that are produced in autoimmune disorders and cause a false positive immunofluorescent signal.

Methods & Materials: In order to evaluate the reactivity of rickettsial disease IFA-IgG test [IFA-IgG-OT (*Orientia tsutsugamushi*) and IFA-IgG-SFG (spotted fever group)] among patients with autoimmune diseases, an analytical cross-sectional study was carried out using sera of 38 patients with confirmed auto-immune diseases.

Results: The 38 patients included 15 systemic lupus erythematosus (SLE), 5 autoimmune-thyroiditis, 13 idiopathic-thrombocytopenia (ITP), 4 autoimmune-haemolytic-anaemia (AIHA), 1 polymyositis, 1 polyglandular syndrome and 1 Anti-phospholipid syndrome. The IFA-IgG reactivity of ≥ 1:128 was